

RECEIVED
CENTRAL FAX CENTER

001

JUN 01 2006

PTO/SB/97 (08-00)

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile
transmitted to the Patent and Trademark Office

on June 1, 2006
Date



Signature

J. Matthew Zigmant

Typed or printed name of person signing Certificate

In re: application of: Qiming Zhu
Application Number: 10/726,812
Filed: 12/02/2003
Confirmation Number: 4116
Title: Defect Tolerant Redundancy
Atty Docket Number: 019680-007800US JMZ

Being faxed to Examiner Jonathan Barton Group Art Unit 2186 at facsimile number
1-571-273-8300 are the following documents:

1. This PTO/SB/97 Certificate of Transmission (1 page);
2. PTO/SB/21 Transmittal (1 page);
3. PTO/SB/17 Fee Transmittal (1 page submitted in duplicate);
4. PTO/SB/22 Petition for Extension of Time (1 page submitted in duplicate); and
5. Amendment (11 pages).

Number of pages being transmitted: 17

60787033 v1

RECEIVED
CENTRAL FAX CENTER

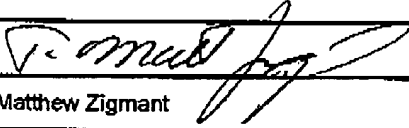
002

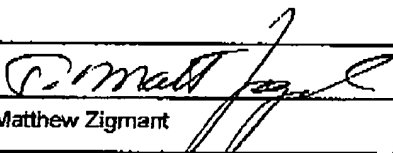
JUN 01 2006

PTO/SB/21 (09-04)

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/726,812	
	Filing Date	December 2, 2003	
	First Named Inventor	Zhu, Qiming	
	Art Unit	2186	
	Examiner Name	Jonathan Barton	
Total Number of Pages in This Submission	17	Attorney Docket Number	019680-007800US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (1 page submitted in duplicate) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (11 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page submitted in duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax coversheet (1 page); and This transmittal (1 page)
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	J. Matthew Zigmant		
Date	June 1, 2006	Reg. No.	44,005

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. 1-571-273-8300 on June 1, 2006.			
Signature			
Typed or printed name	J. Matthew Zigmant	Date	June 1, 2006

60786631 v1

JUN 01 2006

PTO/SB/17 (01-06)

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 350**Complete if Known**

Application Number	10/726,812
Filing Date	December 2, 2003
First Named Inventor	Zhu, Qiming
Examiner Name	Jonathan Barton
Art Unit	2186
Attorney Docket No.	019680-007800US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
34	-20 or HP = 7	x \$50 = \$350
HP = highest number of total claims paid for, if greater than 20		
Indep. Claims	Extra Claims	Fee (\$)
3	-3 or HP = 0	x \$200 = \$0
HP = highest number of independent claims paid for, if greater than 3		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).


Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	44,005	Telephone	415-576-0200
Name (Print/Type)	J. Matthew Zigmant	Date	June 1, 2006		

60786623 v1